

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90074 033 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	---

DOCUMENT # J89554
1. Corporation Name HOBE SOUND COMMERCE PARK, INC.

Principal Place of Business % R.C. TYLANDER 3401 WASHINGTON ROAD WEST PALM BEACH FL 33405	Mailing Address % R.C. TYLANDER 3401 WASHINGTON ROAD WEST PALM BEACH FL 33405
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

DO NOT WRITE IN THIS SPACE*	
3. Date Incorporated or Qualified 08/26/1987	
4. FEI Number 59-2838973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TYLANDER, R. C. 3401 WASHINGTON ROAD WEST PALM BEACH FL 33405
--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE <u>R.C. TYLANDER</u> Signature, typed or printed name of registered agent and title if applicable.	SIGNATURE <u>R.C. Tylander</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/5/99</u>

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D TYLANDER, R. C. 3401 WASHINGTON ROAD WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D TYLANDER, BETTY M. 3401 WASHINGTON ROAD WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D CARR, C. LOUISE 8750 SO. OCEAN BLVD PH #37 JENSEN BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	
---	--

SIGNATURE: <u>R.C. Tylander</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>1/5/99</u> Daytime Phone # <u>(561) 833-2863</u>
---	---

CR2E034 (11/98)